Manitoba
HIV Program
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2009 PROGRAM UPDATE

ABOUT THE MANITOBA HIV PROGRAM:

The Manitoba HIV Program was founded in 2007. It provides information, specialized care, treatment and support to Manitobans living with HIV/AIDS. When an individual receives a positive HIV diagnosis, they are referred to the program where they are able to receive treatment from specialists, primary care physicians and allied health professionals. The purpose of this model is to create a seamless system built on the ideals of integrated service delivery and coordination of resources that provide efficient and effective HIV care. A multidisciplinary case management approach ensures that clients have access to a compassionate and comprehensive approach to care.

STRATEGIC GOALS OF THE MANITOBA HIV PROGRAM:

Find	• To facilitate early HIV diagnosis through increased HIV testing • To increase knowledge of local epidemic (provincial HIV drivers and disease hot spots)
Link	• Improve access to HIV Program services for people living with HIV who are not accessing care
Retain	• To improve clinical and psycho-social outcomes through increased opportunities for identifying and addressing barriers to care. • To maintain the highest quality of life and general health of people living with HIV through the provision of high quality primary care and treatment

LOCATION:

There are currently two sites for the MB HIV Program; Health Sciences Centre (Green Desk- 820 Sherbrook St) and Nine Circles Community Health Centre (705 Broadway Ave, Winnipeg).

ABOUT THE PROGRAM UPDATE:

The 2009 program update is produced by the Manitoba HIV program. Data and statistics are collected by the program and these are used to generate a report that gives a general overview of the state of the epidemic in Manitoba. The report illustrates emerging trends and illuminates important priorities to be taken into account in program development and service delivery.

A QUICK GLANCE AT HIV IN MANITOBA IN 2009

- 99 new patients in care in 2009, up from 66 in 2007.
- New cases were not limited to the Winnipeg region but reported across the province including rural, remote and reserve communities.
- 45% of the 99 were women.
- 60% of the new male patients in care were less than 40 years old, 85% of new female patients in care were less than 40 years old.
- 43% of new patients identified as Aboriginal (including Inuit, First Nations or Métis).
- Heterosexual contact was the leading mode of transmission accounting for 43% of all new infections. Men having sex with Men (MSM) accounted for 23% of new infections and Intravenous Drug Use (IVDU) for 13%.
- 8% of new infections were detected to have co-infection with Hepatitis C.
- Late presentation continued to be a major concern amongst newly diagnosed patients. In 2009, only 35 of the total 99 presented for care with CD4 counts greater than 350 cells/mm^3, the current guideline for initiation of treatment. 64 presented with CD4 counts under 350 cells/mm^3.
- Of those hospitalized, the average hospital stay for newly diagnosed patients presenting late with opportunistic infections and complications was 28.5 days.
- An association could be drawn between socio-economic status, adherence to medication and viral suppression.

IMPORTANT TRENDS IN MANITOBA:

1. Increasing representation of both females and Aboriginal persons in new HIV cases.
2. Continuing late presentation of HIV cases.
3. Poverty continues to play an important role in treatment success in Manitoba.

1. **Increasing Representation of females in new HIV cases**
    - In 2009, there were 99 people living with HIV new to care. Of these, 45 were female and 55 male. This marks an increase from 2007 figures where women accounted for 30.3% of the 66 new patients to care.
    - Eighty five percent (85%) of these women are under 40 and 60% of males are under 40. Of the 45 new female patients in care, 16 were younger than 30 years and 21 were between the ages of 31-40.

2. **Increasing Representation of Aboriginal persons in new HIV cases**
    - 43.1% of Canada's urban Aboriginal population resides in the Prairies.
    - Aboriginal persons are over-represented in new HIV infections in Manitoba; 43% of 2009's 99 new infections were of Aboriginal descent.
    - Although Aboriginal people represent only 3.8% of the Canadian population, they account for 8% of Canadians living with HIV (Public Health Agency of Canada PHAC, 2008). PHAC estimates that 12.5% of all new Canadian infections are amongst Aboriginal people – which is much higher than the proportion of Aboriginal persons in the Canadian population In 2008, the overall new infection rate among Aboriginal persons was about 3.6 times higher than among non-Aboriginal persons.

3. **Continuing late presentation of HIV cases in Manitoba**
    - From prevention and clinical perspectives, there are many reasons to support the early diagnosis of HIV. As noted by the Public Health Agency of Canada, "people with HIV can greatly benefit from treatment that is initiated before they develop physical symptoms of HIV disease. Second, people who know they are HIV seropositive are more likely to adopt safer sexual and/or injecting drug practices in order to protect their partners from becoming infected"

(Public Health Agency of Canada, http://www.phac-aspc.gc.ca/aids-sida/publication/hivtest/index-eng.php).

- In 2009, 99 clients were new to the Manitoba HIV Program. Amongst these clients there was a trend of late presentation, wherein people have been diagnosed with HIV after the virus has already significantly impacted their immune system. This indicates that many Manitobans have been unknowingly living with HIV for some time. As a result of being unaware of their HIV status, they may not have had the information or medication required to keep themselves healthy and others protected from the transmission of HIV.
- 64% of clients new to care presented with CD4 counts below 350 cells/mm^3. The World Health Organization recommends initiation of ART for people living with HIV at a CD4 count of 350 cells/mm^3 (World Health Organization, *Strengthening Health Services to fight HIV/AIDS*). The recommendations recognise that not only earlier diagnosis but also earlier treatment can positively affect the quality of life of the individual.
- 35% of clients new to care presented with CD4 counts below 200 cells/mm^3 (AIDS definition).
- Many new clients were diagnosed via hospital presentation and those who were hospitalized with complications stayed in the hospital for approximately 28.5 days.
- Once connected with HIV care, patients who are on medications are able to control their HIV (86% of patients on medications have suppressed viral loads) in order to keep themselves healthy and prevent the onward transmission of HIV

4. Role of poverty in treatment success in Manitoba

- There is an association between the social circumstances of individuals and their health. Socioeconomic status is an important factor in understanding

treatment success of individuals. It affects access to services, the ability of individuals to remain connected to care as well as adherence to treatment.

- Amongst individuals with low socioeconomic status, 17.1% of patients on medications had an unsuppressed viral load. Low socioeconomic status and non-suppressed viral load was particularly evident amongst patients of Aboriginal descent (29.5%). Poverty and low social economic status can be significant barriers to care for some groups.
- 51% of all patients in care in the Manitoba HIV Program live in neighbourhoods where the average household income is categorized as low income or falling below the poverty line.

CONCLUSION:

Although sharing many similarities with pandemic development in the rest of Canada, HIV epidemiology on the Prairies and in Manitoba retains some important distinctive features. HIV in Manitoba is increasingly driven by heterosexual contact, women are increasingly disproportionately affected as are people of Aboriginal descent. The majority of Manitobans newly infected present or access care late in their diagnosis, when the infection has progressed considerably. As a result there are often heavier burdens on the health care system. Associations have also been drawn between low socio-economic status and the ability of individuals to adhere to care and successfully suppress viral loads. All these are areas to be prioritised and taken into account in service delivery in the coming year.

To learn more about the Manitoba HIV Program please contact Sané Dube at sdube@ninecircles.ca or 204-940-600